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Hello! Welcome to the Youth Satisfaction Survey. We want to know what you think about your care provider and the services you are receiving. We will use your responses to help improve services.

If you have concerns about the care, services, or your placement, you can call the Ombudsman office at 1-877-846-1602 and talk to someone.

Thank you for participating in our survey!

-California Department of Social Services Staff

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Answer the following questions based on your last 6 months OR if you have not been receiving services for the last 6 months, give answers base on the services that you have received so far. Some of these questions are based on the star rating scale, with 5 stars being the best and no stars being the worst.

1.	your current placement?
	C No Stars
	・C 本 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
	CAAA
	C xxxx
	CAAAAA
_	
2.	When you entered your current placement were you informed of your personal rights?
	C Yes
	C No
3.	Are you given the hygiene products appropriate for your needs (for example, deodorant, shampoo, soap, razors, sanitary pads, etc.)?
	C Yes
	C No
1	Are you given healthy food to eat?
٦.	C Yes
	C No
	CHO
_	
5.	Is your caregiver helping you get to school?
	C Yes
	C No
6.	, and
	C Yes
	C No

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Questions 7-38 may look familiar to you. If they do, it is because they are the same questions that are on the YSS survey (Youth Services Survey for Youth). Please answer these questions again, for this survey, so that we can help improve the services you receive.

18	is your relationship with your case worker or probation officer beneficial to you?
	O No Stars
	© ★
	C xx
	Chhh
	ि भंभेभंभ
8.	How often do you see your case worker or probation officer?
	C Once a week
	C Every other week
	C Once a month
	© Every 6 months
	C Once a year
	C Never
9.	Is your relationship with your care provider good?
	C No Stars
	С ☆
	C ☆☆
	C xxx
	C xxxx
	Chhhhh
10	Do you get along with the other kids in your home?
10.	C No Stars
	C ★
	C xx
	C **
	C &&&&
	Chhhhh
	· · · · · · · · · · · · · · · · · · ·

	•	
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11	. Overall, I am satisifed with the services I received.	
	C No Stars	
	C &	
	C ☆☆	
	C **	
	C xxxx	
	C #####	
12	I helped to choose my services.	
	C No Stars	
	C ±	
	C ##	
	C###	
	CAAAA	
	CAAAAA	
13.	I helped to choose my treatment goals.	
	C No Stars	
	C &	
	CAA	
	○ ☆☆☆	
	C ***	
	Cxxxx	
14.	The people helping me stuck with me no matter what.	
	○ No Stars	
	C*	
	○☆☆	
	C xxx	
	С प्रथमि	
	C xxxxx	
1.5	T falk I had garagene to talk to when I	
15.	I felt I had someone to talk to when I was troubled.	
	C No Stars	
	C *	
	C ★★	
	C state	

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C ##### C #####

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16. I participated in my own treatment.	
C No Stars	
C ★	
O ☆☆	
Cxxx	
C ***	
Craran	
17. I received services that were right for me.	
C No Stars	
C 🌣	
C ☆☆	
C ***	
Caaaa	
Connection	
18. The location of services was convenient for me.	
C No Stars	
C ★	
Cxx	
C ☆☆☆	
C 垃圾垃圾	
ि यंत्रयंत्रयं	
19. Services were available at times that were convenient for me.	
○ No Stars	
C☆	
C ☆☆	
C·☆☆☆	
C ☆☆☆☆	
20. I got the help I wanted.	
C No Stars	
C×	
C ☆☆	
C xxx	

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21. I got as much help as I needed.	
C No Stars	
C ☆	
○☆☆	
C ***	
C phpp	
ር ጵጵጵጵጵ	
22. Staff treated me with respect.	
C No Stars	
C ☆	
C ☆☆	
C ###	
C ####	
Cxxxx	
23. Staff respected my religious/spiritual beliefs.	
○ No Stars	
C☆	
C ☆☆	
C ###	
C ####	
24. Staff spoke with me in a way that I understood.	
○ No Stars	
C 🛠	
िर्मम	
Cxxx	
Chhhh	
25. Staff were sensitive to my cultural/ethnic background.	
C No Stars	
C☆	
O & &	

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C \$\$\$\$\$ C \$\$\$\$\$\$

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As a result of the services I received:

26. I am better at handling daily life. C No Stars C ☆ C ☆☆ C ☆☆☆ C ☆☆☆ C ☆☆☆☆ C ☆☆☆☆
27. I get along better with family membe rs. C No Stars C ጵ C ጵጵ C ጵጵ C ጵጵጵ C ጵጵጵጵ
28. I get along better with friends and other people. ○ No Stars ○ ☆ ○ ☆ ○ ☆ ○ ☆ ○ ☆ ○ ☆ ○ ☆ ○ ☆ ○ ☆ ○ ☆
29. I am doing better in school and/or work. C No Stars C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C ☆
30. I am better able to cope when things go wrong. C No Stars C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C

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As a result of the services I received:

31. I am satisfied with my family life right now. C No Stars C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C ☆	
32. I am better able to do things I want to do. C No Stars C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C	
33. I know people who will listen and understand me when I need to talk. C No Stars C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C ☆ C	
34. I have people that I am comfortable talking with about my problem(s). C No Stars C ☆ C ☆☆ C ☆☆ C ☆☆な C ☆☆☆ C ☆☆☆	
35. In a crisis, I would have the support I need from family and friends. ○ No Stars ○ ☆ ○ ☆ ○ ☆ ○ ☆ ○ ☆ ○ ☆ ○ ☆ ○ ☆ ○ ☆ ○ ☆	
36. I have people with whom I can do enjoyable things. ○ No Stars ○ ☆ ○ ☆☆ ○ ☆☆	

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Please answer the following questions to let us know how you are doing.

37. Are you on medication for emotional/behavioral problems?
C Yes
C No
38. In the last year, did you see a medical doctor (or nurse) for a health check-up or because you were sick?
C Yes
C No

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Thank you for taking this survey. If you have concerns about the care, services, or your placement, you can call the Ombudsman office at 1-877-846-1602 and talk to someone.

39. Were you able to complete this survey in a private setting?

C Yes

C No

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